

(Use to report days within the same month)

AUTHORITY: 10 U.S.C., Section 12732.

ROUTINE USES: Information may be disclosed to individuals' employers to verify military duty.

I. PERSONAL/PAY DATA (Type or print clearly in ink)

The Certifying Official will send copy 1 to member's Reserve Pay Office (RPO) for Paid IDTs, HQ ARPC/DPK (IMAs and IRRs only) 6760 E Irvington Pl, Denver CO 80280, for Non-Paid IDTs not later than 2 days for unit members and 30 days for IMAs and IRRs after the member completes the training. One copy each to supervisor, member, and lodging.

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DISCLOSURE IS VOLUNTARY: Failure to provide the information, including the SSN, could result in the improper recording of training and retirement credits, thus adversely affecting retirement actions.

RANK	NAME (<i>Last, First, MI</i>)	HOME MAILING ADDRESS	<input type="checkbox"/> CHECK IF NEW
SSN	RPO (<i>IMAs</i>) UNIT (<i>Unit Reservists</i>)		

INCENTIVE/SPECIALTY PAY

PAY	Hazardous Duty Incentive Pay (HDIP) (Provide authorizing documents)
NON-PAY	Other (Specify)

TRAINING PERIOD	EQUIVALENT TRAINING	Other (Specify)
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RETENTION/RETIREMENT (R/R) DATE

[illegible]

See AFI 34-246, Air Force Lodging Program, and AFI 34-401, Food Service Management. Reservists on Inactive Duty Training (IDT) are authorized to occupy VOQ/VAQ, including contract quarters, in conjunction with the date/s) shown above. On an IDT day, only enlisted reservists in pay status are authorized subsistence-in-kind if training is 8 hours or more in any 1 day. If the duty is less than 8 hours or is non-pay status, or if the reservist is an officer, the reservist MUST pay the full food charge. The Authorizing Official is the commander of the assigned unit or a representative designated IN WRITING.

AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE	LODGING AUTHORIZED		DATE <i>(Must be same or prior to first date of training)</i>	SUBSISTENCE AUTHORIZED	
	YES	NO		YES	NO

The penalty for willfully making false claims is: A maximum fine of \$10,000 or maximum imprisonment of 5 years (18 U.S.C., Section 2871). By signing and dating this form, the Reservist and Certifying Official (training supervisor who has knowledge training was performed) verify satisfactory completion of all training period(s) listed in Section II. The dates must be on or after the last date of training.

RESERVIST'S NAME & PHONE NO. <i>(Type or Print legibly in Ink)</i>	RESERVIST'S SIGNATURE <i>(In Ink)</i>	DATE
CERTIFYING OFFICIAL'S NAME/GRADE/PHONE <i>(Type or Print legibly in Ink)</i>	OFFICIAL'S SIGNATURE <i>(In Ink)</i>	DATE

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TYPE OF TRAINING			
TRAINING PERIOD	EQUIVALENT TRAINING	Other (Specify)	

RETENTION/RETIREMENT (R/R) DATE

III. AUTHORIZATION FOR TRAINING, TELECOMMUTING, TRANSIENT QUARTERS AND SUBSISTENCE *(Required for lodging only and shall not exceed the number of training days. Complete and return to reservist prior to the reservist reporting for scheduled training.)*

AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE	LODGING AUTHORIZED		DATE <i>(Must be same or prior to first date of training)</i>	SUBSISTENCE AUTHORIZED	
	YES	NO		YES	NO

The penalty for willfully making false claims is: A maximum fine of \$10,000 or maximum imprisonment of 5 years (18 U.S.C., Section 2871). By signing and dating this form, the Reservist and Certifying Official (training supervisor who has knowledge training was performed) verify satisfactory completion of all training period(s) listed in Section II. The dates must be on or after the last date of training.

V. DISTRIBUTION

AF FORM 40A, 19981201 (EF-V2)

Copy 3 - Supervisor

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I. PERSONAL/PAY DATA (Type or print clearly in ink)

TYPE OF TRAINING

II. TRAINING DATA (List each day of training separately)

Copy 4 - Billeting